i sa
19 mg
į.
25
l.
2000 1

Please type a plus sign (+) inside this box ————	Please type	a plus sign	(+) inside this	box		+	ı
--	-------------	-------------	-----------------	-----	---------	---	---

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	December 04, 2001
First Named Inventor	Iozzo, Renato V.
Group Art Unit	
Examiner Name	
Attorney Docket Number	IOZ01-NP009

l hereby appoir	nt:				Γ	
X Practition	ers at Cu	ustomer Number	24358			Place Customer Number Bar Code Label here
Practitione	er(s) nan	ned below:				
		Name			Registrat	tion Number
			<u> </u>	-		
as my/our attorn	ey(s) or United S	agent(s) to prosectates Patent and T	cute the application rademark Office co	identifi nnecte	ed above, ed therewit	and to transact all h.
235305 410			· · · · · · · · · · · · · · · · · · ·			
Please change th	he corre	spondence address	s for the above-ider	ntified a	application	to:
		ed Customer Numb			· •	
OR						
Firm <i>or</i> Individual Na	me					
Address	1110					
Address						
City				State		Zip
Country						
Telephone				Fax		
I am the:						
Applican	t/Invento	or.				
X Assigned	e of reco	rd of the entire inte	erest. See 37 CFR 3	3.71.		
Stateme	nt under	37 CFR 3.73(b) is	enclosed. (Form P	TO/SB	/96).	
		SIGNATURE of	Applicant or Assig	nee of	Record	
Name	Alan B	. Kelly, Esquire				
Signature				\mathcal{X}	My /	\
Date		ber 04, 2001		V		
NOTE: Signatures of al	the inven	tors or assignees of rec	cord of the entire interes	st or thei	r representati	ive(s) are required. Submit multiple
forms if more than one *Total of		ms are submitted.	·			
L TOTAL						

Burden Hour Statement This form is estimated to take 3 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

As the below named inventor(s), I/we declare that:				
This declaration is direct	ted to:			
	The attached application	, or		
		, 6, filed on,		
		(if applicable);		
I/we believe that I/we a which a patent is sough		t inventor(s) of the subject matter which is claimed and for		
I/ we have reviewed ar amended by any amen	nd understand the contents adment specifically referred	s of the above-identified application, including the claims, as d to above;		
to me/us to be mater became available betw date of the continuation	rial to patentability as def veen the filing date of the n-in-part application, if app			
belief are believed to false statements and the	be true and further that	dge are true, all statements made herein on information and these statements were made with the knowledge that willful fine or imprisonment, or both, under 18 U.S.C. 1001, and may atent issuing thereon.		
FULL NAME OF INVE	NTOR(S)			
Inventor one: Renat	to V. Iozzo			
Signature:	My V. 2pp	Citizen of: United States		
Inventor two:	V 11			
Signature:		Citizen of:		
Inventor three:				
Signature:		Citizen of:		
Inventor four:				
Signature:		Citizen of:		

Additional inventors are being named on additional form(s) attached hereto

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	December 04, 2001
First Named Inventor	Iozzo, Renato V.
Group Art Unit	
Examiner Name	
Attorney Docket Number	IOZ01-NP009

I hereby appoint:	_	1
X Practitioners at Customer Number 24358	Place Customer Number Bar Code	
OR Practitioner(s) named below:	Label here	
Name	Registration Number	
Name	Tregiotration Name	l
as my/our attorney(s) or agent(s) to prosecute the application is business in the United States Patent and Trademark Office con	identified above, and to transact all nnected therewith.	
Please change the correspondence address for the above-iden. The above-mentioned Customer Number.	tified application to:	
OR		
Firm or Individual Name	and the second s	
Address		
Address		
City	State Zip	
Country	Fox	
Telephone	Fax	
l am the: X Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3. Statement under 37 CFR 3.73(b) is enclosed. (Form PT	.71. TO/SB/96).	
SIGNATURE of Applicant or Assign	nee of Record	
Name Renato V. Iozzo		
Signature //ha - 3h		·
Date December 04, 2001		
NOTE: Signatures of all the inventors or assignees of record of the entire interest forms if more than one signature is required, see below*.	t or their representative(s) are required. Submit multi	ple
☐ *Total offorms are submitted.		

Burden Hour Statement This form is estimated to take 3 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<u>S</u>	TATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Thomas Jeff	
	Filed/Issue Date: December 04, 2001
	nd Compositions for Inhibiting Angiogenesis
Thomas Jefferson University	, a_University,
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:	
1. X the assignee of the entire right	
	f its ownership interest is%
in the patent application/patent identi	ified above by virtue of either:
A. [K] An assignment from the inventions was recorded in the United Studies which a copy thereof is attached	tor(s) of the patent application/patent identified above. The assignment rates Patent and Trademark Office at Reel, Frame, or for red.
OR	
assignee as shown below:	tor(s), of the patent application/patent identified above, to the current
1. From:	To:
The document was reco Reel, Fr	orded in the United States Patent and Trademark Office at rame, or for which a copy thereof is attached.
2. From:	To:
The document was reco Reel, Fra	orded in the United States Patent and Trademark Office at rame, or for which a copy thereof is attached.
3. From:	To:
The document was reco	orded in the United States Patent and Trademark Office at rame, or for which a copy thereof is attached.
[] Additional documents in	n the chain of title are listed on a supplemental sheet.
INOTE: A separate copy (i.e., the	locuments in the chain of title are attached. e original assignment document or a true copy of the original document) t Division in accordance with 37 CFR Part 3, if the assignment is to be SPTO. See MPEP 302.08]
The undersigned (whose title is suppl	lied below) is authorized to act on behalf of the assignee.
December 04, 2001	Alan B. Kelly, Esq.
Date	yped or printed name
	Signature
	University Counsel and Senior Officer
	Title

Burden Hour Statement This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.